

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECORDED MAY 26 1941

15497

Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township Primary Registration District No. 4403 Registered No. 76
(c) City Rolla or (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Henson

(a) Residence, No. Rolla Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16, 1932</u>		
7. AGE	YEARS	MONTHS
	<u>8</u>	<u>5</u>
		8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla Missouri</u>		
FATHER	13. NAME <u>Chas. Henson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Co Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Jane Sidwell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Co Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Chas. Henson Rolla Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Husky Cem</u> DATE <u>4/26</u> 19 <u>41</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs. Harry M. Caw Rolla Mo</u>		
20. FILED <u>April 26, 1941</u> <u>Joe. F. Ayers</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24 1941

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24 9:00, 1941, to Apr. 24 2:00, 1941
I last saw him alive on April 24, 1941. Death is said to have occurred on the date stated above, at 2:55 pm.
The principal cause of death and related causes of importance were as follows:
General crushed body
ran over by auto truck
over
Date of onset

Other contributory causes of importance: 1700

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/24 1941
Where did injury occur? Rolla Phelps Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Public place - street
Manner of injury Truck ran over
Nature of injury General crushed body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [Signature] M. D.
(Address) Rolla Mo

Highway report 7-31-41

Fell or jumped from a gasoline truck on which he had to pass

RECEIVED

District Health Officer No. 5,

District File Number 5411684

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____

~~working under my personal supervision.~~

Registered Apprentice No. _____

Signed R E McCall

Licensed Embalmer No. 3953

P. O. Address Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.